

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.</b>		<b>D</b> Employer identification number <b>23-7348220</b>
	Doing business as		<b>E</b> Telephone number <b>212-944-2430</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1345 6TH AVE, 2ND FL, STE 2049 &amp; 2050</b>	<b>G</b> Gross receipts \$ <b>19,123,388.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10105</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>YING MCGUIRE</b> <b>SAME AS C ABOVE</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: ▶ <b>WWW.NMSDC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			<b>L</b> Year of formation: <b>1973</b>
			<b>M</b> State of legal domicile: <b>IL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL ADVANCES BUSINESS OPPORTUNITIES FOR CERTIFIED</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>44</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>42</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>30</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>42</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,941,589.	<b>Current Year</b> 4,690,129.
	<b>9</b> Program service revenue (Part VIII, line 2g)	10,663,796.	14,225,326.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192,810.	195,685.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,795.	12,248.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,801,990.	19,123,388.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	631,861.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,072,096.	3,437,896.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>176,003.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,156,545.	11,966,862.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,860,502.	17,354,909.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-58,512.	1,768,479.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 11,601,102.	<b>End of Year</b> 14,151,024.
	<b>21</b> Total liabilities (Part X, line 26)	4,738,307.	5,632,983.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,862,795.	8,518,041.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>YING MCGUIRE, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>FREDERICK E. DAVIS JR.</b>		<b>08/21/22</b>	<input type="checkbox"/>	<b>P00446023</b>
Firm's name ▶ <b>MITCHELL &amp; TITUS, LLP</b>			Firm's EIN ▶ <b>13-2781641</b>		
Firm's address ▶ <b>80 PINE STREET</b> <b>NEW YORK, NY 10005</b>			Phone no. (212) 709-4500		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
**THE NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL ADVANCES BUSINESS OPPORTUNITIES FOR CERTIFIED MINORITY BUSINESS ENTERPRISES AND CONNECTS THEM TO CORPORATE MEMBERS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,770,358. including grants of \$ 0.) (Revenue \$ 8,817,289.)  
**FIELD SERVICES: OVERSEES THE ACTIVITIES OF 23 AFFILIATED REGIONAL COUNCILS BY MONITORING THEIR ACTIVITIES AND SERVICE DELIVERY AND APPLICATION OF UNIFORM STANDARDS OF WORK.**

4b (Code: ) (Expenses \$ 949,484. including grants of \$ 0.) (Revenue \$ 290,650.)  
**ANNUAL CONFERENCE AND BOE: CONNECTS MINORITY SUPPLIERS AND CORPORATE MEMBERS TO INCREASE POTENTIAL FOR BUSINESS TRANSACTIONS, CONDUCTS EDUCATIONAL SESSIONS, WORKSHOPS, AND SEMINARS TO ENHANCE VENDOR CAPABILITIES AND SHARE SUPPLIER DIVERSITY BEST PRACTICES.**

4c (Code: ) (Expenses \$ 1,016,541. including grants of \$ 0.) (Revenue \$ 2,507,715.)  
**CORPORATE SUCCESS: HANDLES MEMBER RECRUITMENT AND RETENTION, PROVIDES CUSTOMER SERVICE AND SUPPORT TO MEMBERS, TRACKS SUPPLIER DIVERSITY BEST PRACTICES AS WELL AS PROCUREMENT OPPORTUNITIES FOR MINORITY VENDORS TO DO BUSINESS WITH CORPORATE MEMBERS.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 3,377,136. including grants of \$ 1,950,151.) (Revenue \$ 2,621,920.)

4e Total program service expenses **14,113,519.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		30
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
<b>c</b>	Enter the amount of reserves on hand		
	13c		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.**

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	44	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	42	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CASILDA DEL VALLE - 212-944-2430**  
**1345 6TH AVE, 2ND FL, STE 2049 & 2050, NEW YORK, NY 10105**

NATIONAL MINORITY SUPPLIER DEVELOPMENT  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CASILDA DEL VALLE SENIOR VICE PRESIDENT	35.00 0.00				X		269,386.	0.	44,046.	
(2) PAULINE GEBON VICE PRESIDENT	35.00 0.00				X		216,422.	0.	12,685.	
(3) TAMMY WILKINS VICE PRESIDENT	35.00 0.00				X		196,674.	0.	18,284.	
(4) YING MCGUIRE PRESIDENT	35.00 0.00	X		X			198,477.	0.	626.	
(5) MARIA PRINCE VICE PRESIDENT	35.00 0.00				X		153,957.	0.	10,595.	
(6) CHRISTINE NARINE DIRECTOR	35.00 0.00				X		129,956.	0.	9,724.	
(7) MAUREEN SIMONETTE SENIOR DIRECTOR	35.00 0.00				X		119,383.	0.	16,890.	
(8) ADRIENNE TRIMBLE PRESIDENT UNTIL FEB 2021	35.00 0.00	X		X			13,500.	0.	0.	
(9) SUE BHATIA DIRECTOR	1.00 0.00	X					0.	0.	0.	
(10) KENDRA BURRIS-AUSTIN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(11) HARVEY BUTLER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) DEREK B. CANTEY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) GABRIEL CASTRO SECRETARY	3.00 0.00	X		X			0.	0.	0.	
(14) CRAIG CUFFIE DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) BRIAN DOWNER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) JACKIE DYESS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) STEPHEN FREEMAN DIRECTOR	1.00 0.00	X					0.	0.	0.	

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KALA GIBSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) CLINT W. GRIMES TREASURER	3.00 0.00	X		X				0.	0.	0.
(20) HEATHER HERNDON WRIGHT DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) STEPHEN L. HIGHTOWER DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) VICKIE IRWIN-AVERY DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) JONATHAN JENNINGS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) WILLIAM KAPPER DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) STACEY KEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) CHRIS LAYDEN DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,297,755.	0.	112,850.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,297,755.	0.	112,850.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ADAPTONE, 6495 SHILOH ROAD SUITE 310, ALPHARETTA, GA 30005	SOFTWARE PROVIDER	233,151.
AVOLIN, 401 CONGRESS AVE. STE 2650, AUSTIN, TX 78701	SOFTWARE PROVIDER	185,322.
ASHAY MEDIA GROUP, 159 20TH STREET SUITE 1B-34/38, BROOKLYN, NY 11232	MARKETING AND COMMUNICATION SERVIC	145,792.
ABCD & COMPANY, LLC 11140 ROCKVILLE PIKE, ROCKVILLE, MD 20852	CONFERENCE AND EVENT MANAGEMENT	110,930.
OPENSESAME INC. 1629 SW SALMON ST., PORTLAND, OR 97205	ELEARNING COURSES	101,250.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARIA LEPORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) THOMAS LUTZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) SHASHI MANDAPATY DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) JAMIE MARTIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) NANCY MCGUIRE DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) DAVID MCMURRAY DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) FARRYN MELTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) CAROLYN E. MOSBY DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) THOMAS NASH, C.P.M., CPIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) BONNIE NIJST DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) TANYA NIXON DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) CARLTON L. ONEAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) REGENIA R. SANDERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) GUY SCHWEPPE VICE CHAIRMAN	3.00 0.00	X		X				0.	0.	0.
(41) STAN SENA DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) ANTHONY TOMCZAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) SUSANNA WEBBER DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) MELANI WILSON SMITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) JOSE TURKIENICZ CHAIRMAN	3.00 0.00	X		X				0.	0.	0.
(46) KEITH BROWNING DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	855,554.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,834,575.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			4,690,129.			
Program Service Revenue	<b>2 a</b> MEMBERSHIP DUES	Business Code					
		813990	11,631,977.	11631977.			
	<b>b</b> TRADE SHOW AND MEETING FEES	561920	412,325.	412,325.			
	<b>c</b> REGISTRATION FEES AND TUITIONS	611430	61,950.	61,950.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....	900099	2,119,074.	2,119,074.			
<b>g Total.</b> Add lines 2a-2f .....			14,225,326.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		195,685.			195,685.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE-ADMINISTRATION	Business Code					
		900099	12,248.	12,248.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			12,248.				
<b>12 Total revenue.</b> See instructions .....			19,123,388.	14237574.	0.	195,685.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,950,151.	1,950,151.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	521,459.		521,459.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,337,899.	1,284,792.	912,718.	140,389.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,283.	51,820.	41,717.	6,746.
<b>9</b> Other employee benefits .....	289,548.	150,969.	122,311.	16,268.
<b>10</b> Payroll taxes .....	188,707.	99,537.	79,753.	9,417.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	1,961,729.	1,727,460.	234,269.	
<b>b</b> Legal .....	79,734.	69,104.	10,630.	
<b>c</b> Accounting .....	64,861.		64,861.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	166,579.	22,659.	142,109.	1,811.
<b>14</b> Information technology .....	22,060.	3,482.	18,578.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	750,689.		750,689.	
<b>17</b> Travel .....	81,615.	40,695.	40,239.	681.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	42,678.	36,686.	5,992.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	8,436,289.	8,436,289.		
<b>22</b> Depreciation, depletion, and amortization .....	155,631.	85,103.	69,882.	646.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CREDIT CARD MERCHANT PA	54,147.	54,100.	47.	
<b>b</b> SECURITY	5,576.		5,576.	
<b>c</b> TEMPORARY HELP	2,024.	2,024.		
<b>d</b> SIGNAGE	18.	18.		
<b>e</b> All other expenses _____	143,232.	98,630.	44,557.	45.
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,354,909.	14,113,519.	3,065,387.	176,003.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	678,265.	<b>1</b>	620,932.
	<b>2</b> Savings and temporary cash investments .....	4,720,864.	<b>2</b>	7,789,356.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,390,355.	<b>4</b>	1,014,342.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	118,361.	<b>9</b>	313,206.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,382,494.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,117,378.	301,206.	<b>10c</b> 265,116.
	<b>11</b> Investments - publicly traded securities .....	217,268.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,001,083.	<b>12</b>	3,974,285.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	173,700.	<b>15</b>	173,787.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,601,102.	<b>16</b>	14,151,024.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,322,161.	<b>17</b>	1,471,686.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,975,255.	<b>19</b>	3,234,214.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,440,891.	<b>25</b>	927,083.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,738,307.	<b>26</b>	5,632,983.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,757,795.	<b>27</b>	8,413,041.
	<b>28</b> Net assets with donor restrictions .....	105,000.	<b>28</b>	105,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,862,795.	<b>32</b>	8,518,041.
	<b>33</b> Total liabilities and net assets/fund balances .....	11,601,102.	<b>33</b>	14,151,024.

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**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,123,388.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,354,909.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,768,479.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	6,862,795.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-113,233.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	8,518,041.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3147371.	2737247.	2681360.	2941589.	4690129.	16197696.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3147371.	2737247.	2681360.	2941589.	4690129.	16197696.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						928,438.
<b>6 Public support.</b> Subtract line 5 from line 4.						15269258.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	3147371.	2737247.	2681360.	2941589.	4690129.	16197696.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	242,103.	236,964.	217,018.	192,810.	195,685.	1084580.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	35,529.	45,466.	63,388.	3,795.	12,248.	160,426.
<b>11 Total support.</b> Add lines 7 through 10						17442702.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	63,883,360.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.54 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	90.31 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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COUNCIL, INC.**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC. Employer identification number 23-7348220

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021





**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.**

Schedule D (Form 990) 2021

23-7348220 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) ANNUITIES	3,011,014.	END-OF-YEAR MARKET VALUE
(B) CERTIFICATES OF DEPOSIT	161,048.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE INVESTMENT		
(D) TRUSTS	776,301.	END-OF-YEAR MARKET VALUE
(E) ARTWORK	25,922.	COST
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>3,974,285.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	236,427.
(3) DEFERRED RENT CREDITS	28,447.
(4) DUE TO REGIONAL COUNCILS	662,209.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>927,083.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	19,057,755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-113,233.	
b	Donated services and use of facilities	2b	47,600.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-65,633.	
3	Subtract line 2e from line 1	3	19,123,388.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,123,388.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,402,509.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	47,600.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	47,600.	
3	Subtract line 2e from line 1	3	17,354,909.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,354,909.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

PERMANENTLY RESTRICTED NET ASSETS REPRESENT THE JAMES H. O'NEAL/PEPSICO FOUNDATION/NMSDC ENDOWED SCHOLARSHIP FUND. THE INCOME EARNED WILL BE USED TO SUPPORT SCHOLARSHIPS FOR MINORITY BUSINESS OWNERS WHO PARTICIPATE IN THE ADVANCED MANAGEMENT EDUCATION PROGRAM.

**PART X, LINE 2:**

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE COUNCIL. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT ANALYZED THE COUNCIL'S TAX POSITIONS, AND IT CONCLUDED

**Part XIII** Supplemental Information *(continued)*

THAT AS OF DECEMBER 31, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE COUNCIL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE COUNCIL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2018.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.** Employer identification number **23-7348220**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACCREDITED LIMOUSINE SERVICE 600 MAMARONECK AVENUE, FORTH FLOOR HARRISON, NY 10528	20-3800984		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
ADVENT TRANSPORTATION SERVICES LLC 1306 ANTIOCH PIKE NASHVILLE, TN 37211	47-5416630		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
BKW TRANSFORMATION GROUP 371 HOES LANE SUITE 200 PISCATAWAY, NJ 08854	01-0786418		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
BOZVILLE HOME SERVICES, LLC 8803 MEADOW SWEET WAY LOUISVILLE, KY 40259	83-3404668		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
BTII INSTITUTE 414 EAGLE ROCK AVE SUITE 100 D WEST ORANGE, NJ 07052	26-4494407		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
BUNTY LLC 444 FAIRFOREST WAY GREENVILLE, SC 29607	57-1110391		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 36.

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Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.**

Schedule I (Form 990)

23-7348220

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLESTON GOURMET BURGER COMPANY 4206 SAWGRASS DRIVE NORTH CHARLESTON, SC 29420	46-3259446		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
CHIPPEWA INDUSTRIES, INC 1223 GREENLEAF DRIVE ROYAL OAK, MI 48067	47-5207341		10,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
CONTINENTAL & GLOBAL SERVICES 4139 NW 135 STREET OPA-LOCKA, FL 33054	47-1920796		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
CORPS PARTNERS 8712 LINDHOLM DR STE 300 HUNTERSVILLE, NC 28078	47-1480649		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
CREATIVE ALLIES 1204 VILLAGE MARKET PLACE #254 MORRISVILLE, NC 27560	26-4317320		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
DATA BRIDGE CORPORATION 101 NORTH TRYON STREET SUITE 6000 CHARLOTTE, NC 28246	46-3560616		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
DYNAMIC LANGUAGE 15215 52ND AVE. S. STE 100 SEATTLE, WA 98188	91-1311959		10,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
EAST WEST CONNECTION INC 389 PITTSTOWN ROAD PITTSTOWN, NJ 08867	52-1698075		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
EQUITY SOLUTIONS GROUP 1591 WINCHESTER RD STE 125 LEXINGTON, KY 40505	82-2978958		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020

Schedule I (Form 990)

NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.

Schedule I (Form 990)

23-7348220

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GE INVESTIGATIONS, INC. DBA GE PROTECTION - 2204 PINYON ROAD - APOPKA, FL 32703	59-3638097		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
GURLEY ALL FREIGHT 10130 PERIMETER PARKWAY STE 200 CHARLOTTE, NC 28216	81-2932186		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
HOLLY RECEPTIONIST 9635 SOUTHERN PINE BLVDSUITE 126 CHARLOTTE, NC 28273	81-3447449		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
INNOVATIVE SOLUTION PARTNERS 6689 ORCHARD LAKE ROAD #117 WEST BLOOMFIELD, MI 48322	38-3482619		10,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
INTEGRATED SUPPLY CHAIN SOLUTIONS, LLC - 21056 BRIDGE STREET - SOUTHFIELD, MI 48033	26-1741284		10,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
INTEGRITY GENERAL CONTRACTORS INC 15 ORCHARD TERRACE MONROE, NY 10950	46-3179701		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
J&G PALLETS INC. 2971 BELLEVUE STREET DETROIT, MI 48207	38-3484142		10,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
JJC MAINTENANCE LLC 6810 ITWORTH CT. LOUISVILLE, KY 40207	81-3061694		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
LILLIE'S OF CHARLESTON P.O. BOX 80124 CHARLESTON, SC 29416	62-1862363		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020

Schedule I (Form 990)

**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.**

Schedule I (Form 990)

23-7348220

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZGLO CLEANING COMPANY LLC 3 BARNARD LANE BLOOMFIELD, CT 06002	04-3723074		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
PLATINUM SIGNS AND DESIGN, LLC 352 W. MELODY LANE CASSELBERRY, FL 32707	20-3340418		5,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
PREMIER BUILDING SERVICES LLC 3111 CARRBOURGH RD GREENSBORO, NC 27406	56-2175607		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
PWJ ENTERPRISES, INC. 3400 INTERNATIONAL AIRPORT DR STE 7 CHARLOTTE, NC 28208	20-5334859		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
RESET DIGITAL 462 7TH AVENUE 8TH FLOOR NEW YORK, NY 10018	82-5209556		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
SAMITEON 12015 HUNTING CREST DR PROSPECT, KY 40059-9176	13-4322912		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
SENSUAL ME ENTERPRISES DBA IRIS GARCIA PRODUCTIONS - 15565 SW 138TH TERRACE - MIAMI, FL 33196	45-5507758		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
SHIRIN & AUNALI KHALFAN GROUP, LLC 80-10 51ST AVENUE ELMHURST, NY 11373	81-1933197		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
SINGH AUTOMATION, LLC 7804 S. SPRINKLE RD PORTAGE, MI 49002	47-1338076		10,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020

Schedule I (Form 990)

**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.**

Schedule I (Form 990)

23-7348220

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAABRANDS.COM 2809 CREEKBEND DR. NASHVILLE, TN 37207	82-1025226		7,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
STATPROG INC 1 GLENWOOD AVE STE 500 RALEIGH, NC 27603	43-2102157		7,500.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
THE GREEN COMPANY, INC. 7310 WOODWARD AVE STE. 740 DETROIT, MI 48202	46-4916140		10,000.	0.			THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020
NMSDC BUSINESS CONSORTIUM FUND 1345 AVE OF THE AMERICAS 33RD FLOOR RM 33-031 - NEW YORK, NY 10105	13-3407599		905,000.	0.			WELLS FARGO OPEN FOR BUSINESS GRANT
CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL - 216 W. JACKSON BLVD., STE 600 - CHICAGO, IL 60606	36-2815054	501(C)(3)	35,000.	0.			SUPPORT TO REGIONAL COUNCIL
GEORGIA MINORITY SUPPLIER DEVELOPMENT COUNCIL - 759 WEST PEACHTREE STREET NE, STE 107 - ATLANTA, GA 30308	58-1828236	501(C)(3)	35,000.	0.			SUPPORT TO REGIONAL COUNCIL
MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL - 100 RIVER PLACE DRIVE, STE 300 - DETROIT, MI 48207	38-2292187	501(C)(3)	35,000.	0.			SUPPORT TO REGIONAL COUNCIL
MID-STATES MINORITY SUPPLIER DEVELOPMENT COUNCIL - 2126 NORTH MERIDIAN STREET - INDIANAPOLIS, IN 46202	35-1466848	501(C)(3)	35,000.	0.			SUPPORT TO REGIONAL COUNCIL
OHIO MINORITY SUPPLIER DEVELOPMENT COUNCIL - 100 EAST BROAD ST, STE 2460 - COLUMBUS, OH 43215	31-1022688	501(C)(3)	35,000.	0.			SUPPORT TO REGIONAL COUNCIL

Schedule I (Form 990)





NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

NMSDC HAS AMPLIFIED OUR ADVOCACY FOR MINORITY BUSINESS DEVELOPMENT AND ECONOMIC INCLUSION. WE ARE LEVERAGING OUR FORUMS TO LISTEN TO MBES ABOUT THE OBSTACLES THEY FACE AND PROVIDE ACCESS TO SERVICES AND RESOURCES WHICH ADDRESS THESE CHALLENGES.

OUR EFFORTS ARE INTENTIONAL AND POSITIONED TO GENERATE PARITY AND ECONOMIC INCLUSION WITHIN THE ALL-TOO OFTEN UNDERSERVED MINORITY BUSINESS COMMUNITY.

IN RESPONSE TO NMSDC'S CORPORATE PARTNERS AND MBES ASKING HOW TO BEST ADDRESS THESE ISSUES, NMSDC HAS INVITED COMPANIES AND INDIVIDUALS TO

**Part IV** Supplemental Information

SUPPORT OUR 2020 MBE RECOVERY & REVITALIZATION CAMPAIGN, FEATURING SEVERAL FINANCIAL, INVESTMENT, AND SUPPORTIVE RESOURCES.

AS PART OF OUR FOUR-PRONGED INITIATIVE, THE REBUILDING FUND WAS LAUNCHED TO INVEST IN NMSDC CERTIFIED MINORITY BUSINESSES STRUGGLING TO RECOVER FROM THE ECONOMIC DOWNTURN DUE TO COVID-19 AND SOCIAL UNREST.

THE REBUILDING FUNDS ARE INTENDED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS NEEDED AS A RESULT OF THE ECONOMIC DOWNTURN CAUSED BY COVID-19 AND/OR DAMAGE AND VANDALISM FROM RECENT SOCIAL UNREST.

ELIGIBILITY CRITERIA -

(1) NMSDC CERTIFIED MINORITY OWNED BUSINESSES CURRENT OR EXTENDED DUE TO COVID-19

(2) IN BUSINESS MORE THAN 2 YEARS

(3) CLASS I AND CLASS II (OR BASED ON NEED DEMONSTRATED FOR MBES OUTSIDE OF CLASS I & II)

THE REBUILDING FUND CONTRIBUTIONS COLLECTED IN 2020 WERE DISTRIBUTED TO THE MBE'S IN 2021.

THE RECIPIENTS OF THE GRANTS ARE REQUIRED TO COMPLETE A FORM WITH REQUIRING DOCUMENTATION ON HOW THE GRANT WAS SPENT.

NMSDC HAS ACCELERATED ITS WORK WITH ITS BUSINESS CONSORTIUM FUND, THE ONLY U.S. NON-PROFIT CDFI FOCUSED EXCLUSIVELY ON FINANCING THE GROWTH AND DEVELOPMENT OF NMSDC CERTIFIED MBES THROUGHOUT THE UNITED STATES OPERATING IN CORPORATE AND GOVERNMENT SUPPLY CHAINS AND HELPING RAISE CAPITAL FOR LOW INTEREST LOANS TO MBES.

WITH ITT SUPPORT, NMSDC HAS BEEN FOCUSED ON RAMPING UP ACCESS TO LOANS AND FINANCING FOR CERTIFIED MBES. WE RAISED OVER \$415,945 FROM CORPORATE MEMBERS DURING THE CAMPAIGN TO PROVIDE MICRO-LOANS TO CLASS I AND CLASS II MBES AND ARE FINALIZING DETAILS WITH BCF ON THE ROLL-OUT THESE LOANS

**Part IV** Supplemental Information

THROUGH A STREAMLINED PROCESS. THE ITT FUNDS WERE NOT DISTRIBUTED TO BCF IN OCTOBER 2021 AS ANTICIPATED. IT WAS DISTRIBUTED MARCH 30, 2022 IN THE AMOUNT OF \$415,945.

NMSDC ASSISTED VOYA FINANCIAL TO DELIVER EMERGENCY RELIEF FUNDS TO UNDERSERVED SMALL BUSINESSES. TWENTY-FIVE GRANTS OF \$5,000 EACH WERE DISTRIBUTED FOR A TOTAL OF \$125,000. NMSDC RECEIVED A GRANT FROM WELLS FARGO (OPEN FOR BUSINESS GRANT) IN APRIL 2021 IN THE AMOUNT OF \$1,000,000 OF WHICH \$905,000 WAS DISBURSED TO BCF IN JULY 2021. THE TERMS ARE: \$800,000 WILL BE USED FOR LOANS TO NMSDC-CERTIFIED MINORITY BUSINESSES. LOANS WILL RANGE FROM \$50,000-\$250,000 WITH A MAXIMUM RATE OF 3% INTEREST. APPROXIMATELY 16 LOANS WILL BE MADE. THE BALANCE TO BE USED FOR ADMINISTRATION, DELIVERY OF TECHNICAL ASSISTANCE TO BORROWERS AND POTENTIAL BORROWERS AND TECHNOLOGY UPGRADES ASSOCIATED WITH ONLINE PROGRAMMING. ITT GRANTS PAID TO MBES IN 2021 TOTAL \$618,000 OF WHICH \$399,193 WAS ACCRUED IN 2020. THE GRANTS RANGED FROM \$1,000 TO \$10,000 PER RECIPIENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACCREDITED LIMOUSINE SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: ADVENT TRANSPORTATION SERVICES LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BKW TRANSFORMATION GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: BOZVILLE HOME SERVICES, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: BTII INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: BUNTY LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: CHARLESTON GOURMET BURGER COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED

**Part IV** Supplemental Information

FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: CHIPPEWA INDUSTRIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: CONTINENTAL & GLOBAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: CORPS PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: CREATIVE ALLIES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: DATA BRIDGE CORPORATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: DYNAMIC LANGUAGE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: EAST WEST CONNECTION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: EQUITY SOLUTIONS GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT:

GE INVESTIGATIONS, INC. DBA GE PROTECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

**Part IV** Supplemental Information

IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: GURLEY ALL FREIGHT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: HOLLY RECEPTIONIST

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: INNOVATIVE SOLUTION PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT:

INTEGRATED SUPPLY CHAIN SOLUTIONS, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: INTEGRITY GENERAL CONTRACTORS INC



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: J&G PALLETS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: JJC MAINTENANCE LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: LILLIE'S OF CHARLESTON

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: OZGLO CLEANING COMPANY LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PLATINUM SIGNS AND DESIGN, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: PREMIER BUILDING SERVICES LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: PWJ ENTERPRISES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: RESET DIGITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: SAMITEON

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED

**Part IV** Supplemental Information

FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT:

SENSUAL ME ENTERPRISES DBA IRIS GARCIA PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: SHIRIN & AUNALI KHALFAN GROUP, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: SINGH AUTOMATION, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: STAABRANDS.COM

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO  
SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED  
FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL  
IMPROVEMENTS AS NEEDED.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: STATPROG INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: THE GREEN COMPANY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE REBUILDING FUND IS INTENDED TO SUPPORT MBE'S RECOVERY DUE TO COVID-19 AND SOCIAL UNREST IN 2020 AND USED FOR STRUCTURAL REPAIRS, INVENTORY RECOVERY AND OTHER OPERATIONAL IMPROVEMENTS AS NEEDED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.**

Employer identification number  
**23-7348220**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.**

Schedule J (Form 990) 2021

23-7348220

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CASILDA DEL VALLE SENIOR VICE PRESIDENT	(i)	256,064.	11,468.	1,854.	37,878.	6,168.	313,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAULINE GEBON VICE PRESIDENT	(i)	187,040.	28,350.	1,032.	10,225.	2,460.	229,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAMMY WILKINS VICE PRESIDENT	(i)	195,642.	0.	1,032.	13,424.	4,860.	214,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) YING MCGUIRE PRESIDENT	(i)	173,477.	25,000.	0.	0.	626.	199,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARIA PRINCE VICE PRESIDENT	(i)	153,957.	0.	0.	8,552.	2,043.	164,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**NATIONAL MINORITY SUPPLIER DEVELOPMENT  
COUNCIL, INC.**

Employer identification number  
**23-7348220**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MINORITY BUSINESS ENTERPRISES AND CONNECTS THEM TO CORPORATE MEMBERS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE:

(1) LEARNING PROGRAMS - PROVIDES A LEARNING AND EDUCATIONAL PLATFORM  
FOR CORPORATE MEMBERS, MINORITY SUPPLIERS AND REGIONAL COUNCILS;

(2) CORPORATE PLUS - PROVIDES CORPORATE MEMBERS WITH REFERRALS AND  
ACCESS TO THE LARGEST MINORITY-OWNED VENDORS IN THE COUNTRY WITH  
CAPACITY FOR SERVICING NATIONAL CONTRACTS;

(3) CENTERS OF EXCELLENCE CERTIFICATE PROGRAM - PROVIDES A PLATFORM FOR  
MINORITY SUPPLIERS TO INCREASE BUSINESS CAPACITY AND MINORITY SUPPLIER  
PROGRAM DEVELOPMENT FOR CORPORATE MEMBERS;

(4) PROGRAM DEVELOPMENT A PLATFORM FOR THE DEVELOPMENT OF NEW PROGRAMS  
TO ADDRESS GROWING NEEDS OF CONSTITUENT GROUPS;

EXPENSES \$ 3,377,136. INCL GRANTS OF \$ 1,950,151. REVENUE \$ 2,621,920.

FORM 990, PART VI, SECTION A, LINE 6:

NMSDC IS A MEMBERSHIP ORGANIZATION. CERTAIN FIRMS THAT DESIRE MEMBERSHIP IN  
THE ORGANIZATION ARE REQUIRED TO PAY ANNUAL MEMBERSHIP DUES IN AMOUNTS AS  
DETERMINED BY THE BOARD OF DIRECTORS. MEMBERS HAVE ELECTRONIC DATABASE  
ACCESS OF CERTIFIED MINORITY-OWNED COMPANIES, SUPPLIER DIVERSITY TRAINING  
AND SEMINARS, VENDOR REFERRAL SUPPORT AND MATCHMAKING OPPORTUNITIES AS WELL  
AS NETWORKING OPPORTUNITIES WITH THEIR CORPORATE PEERS TO EXCHANGE BEST  
PRACTICES AND PROMOTE ADVOCACY FOR MINORITY SUPPLIER DEVELOPMENT. DUES ARE  
ASSESSED FOR SERVICES PROVIDED; ACCORDINGLY, THEY ARE NOT TAX DEDUCTIBLE AS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021



Name of the organization	NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.	Employer identification number	23-7348220
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CONTRIBUTIONS AND ARE REPORTED AS PROGRAM INCOME ON FORM 990.

FORM 990, PART VI, SECTION A, LINE 7A:

A MEETING OF MEMBERS IS HELD ANNUALLY BY NMSDC FOR THE PURPOSE OF REVIEWING THE NOMINATION OF MEMBERS TO THE BOARD OF DIRECTORS AND CONDUCTING THE ELECTION OF DIRECTORS. THE BOARD OF DIRECTORS ALSO MEETS ANNUALLY AND ELECTS THE OFFICERS: CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER AND PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11B:

DIRECTOR OF FINANCE COMPLETES THE QUESTIONNAIRE PROVIDED BY PREPARER (MITCHELL & TITUS) FROM WHICH A DRAFT IS GENERATED. DRAFT IS SUBMITTED TO SR. VICE PRESIDENT AND CHIEF FINANCIAL OFFICER FOR REVIEW. ONCE THE REVIEW IS COMPLETED, THE FINAL FORM 990 IS PRESENTED TO THE PRESIDENT FOR HER REVIEW AND APPROVAL. A COPY IS FORWARDED TO THE CHAIRMAN OF THE AUDIT COMMITTEE FOR REVIEW AND COMMENT BY THE AUDIT COMMITTEE. THE E-FILING AUTHORIZATION IS PROVIDED TO MITCHELL AND TITUS TO SUBMIT THE FORM 990 ELECTRONICALLY. FORM 990 IS ALSO PROVIDED TO GUIDESTAR FOR LISTING IN THEIR WEBSITE AND IT IS ALSO AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DECLARATION OF CONFLICT OF INTEREST WAS INSTITUTED IN 2017 FOR BOARD MEMBERS TO DECLARE ANY CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT'S PERFORMANCE AND COMPENSATION IS REVIEWED ANNUALLY BY A COMPENSATION COMMITTEE HEADED BY THE CHAIRMAN OF THE EXECUTIVE COMMITTEE. THE CHAIRMAN OF THE EXECUTIVE COMMITTEE AUTHORIZES THE TREASURER TO ISSUE

Name of the organization	NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.	Employer identification number	23-7348220
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WRITTEN NOTICE TO THE SR. VICE PRESIDENT AND CHIEF FINANCIAL OFFICER OF SALARY INCREASES AWARDED TO THE PRESIDENT. ANNUAL BONUSES (IF ANY) ARE ALSO AUTHORIZED BY THE CHAIRMAN OF THE EXECUTIVE COMMITTEE WITH INPUT FROM THE CHAIRMAN OF THE BOARD AND THE TREASURER AND CONFIRMED IN WRITING BY THE TREASURER. THE CHAIRMAN OF THE EXECUTIVE COMMITTEE THEN REVIEWS THE AWARD OF BONUSES WITH THE EXECUTIVE COMMITTEE.

NMSDC'S PRESIDENT IS RESPONSIBLE FOR THE HIRING, MANAGEMENT AND SUPERVISION OF KEY EMPLOYEES. THE PRESIDENT IS RESPONSIBLE FOR EVALUATING KEY EMPLOYEE'S PERFORMANCE AND AUTHORIZES SALARY INCREASES. SALARY INCREASES GENERALLY FOLLOW ANNUAL INCREASES APPROVED BY THE EXECUTIVE COMMITTEE IN THE APPROVED BUDGET. SALARY INCREASES DUE TO PROMOTIONS FOLLOW GUIDELINES CONTAINED IN THE APPROVED BUDGET FOR SUCH POSITION. EXTERNAL COMPENSATION STUDIES, SUCH AS THOSE ISSUED BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, ARE USED TO ESTABLISH SALARY LEVELS. THE AWARD OF ANNUAL BONUSES, IF ANY, FOLLOW THE SAME APPROVAL PROCESS USED TO AWARD BONUSES TO THE PRESIDENT. THE DISTRIBUTION OF STAFF BONUSES ARE AT THE DISCRETION OF THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE INCORPORATED IN THE ORGANIZATION'S PUBLISHED ANNUAL REPORT WHICH IS DISSEMINATED TO MEMBERS, BOARD OF DIRECTORS AND REGIONAL COUNCILS. THROUGH A NETWORK DISTRIBUTION LIST, HUNDREDS OF COPIES OF THE ANNUAL REPORT ARE SENT TO THE REGIONAL COUNCILS FOR LOCAL DISSEMINATION. THE ANNUAL REPORT IS ALSO AVAILABLE ON NMSDC'S WEBSITE. COPIES OF NMSDC'S CERTIFIED FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS CONTAINED IN NMSDC'S EMPLOYEE HANDBOOK AND THE AFFILIATES OPERATING MANUAL. FORM 990 IS



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL, INC.</b>	Taxpayer identification number (TIN) <b>23-7348220</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1359 BROADWAY, 1000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**CASILDA DEL VALLE**

• The books are in the care of ▶ **1359 BROADWAY, SUITE 1000 - NEW YORK, NY 10018**

Telephone No. ▶ **212-944-2430**

Fax No. ▶ **(212)768-0430**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year **2021** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.